

REQUEST FOR ACCOMMODATIONS

I, _____, am requesting the following accommodations from Accessibility Services. I understand that accommodations are based on the functional limitations created by my disability, as my disability impacts the standards of the courses within the curriculum in which I am enrolled. I must provide documentation from a medical provider (within the last 3 years). Unless my disability changes, this documentation is not required before each subsequent semester.

DISABILITY/DIAGNOSIS: _____

SEMESTER REQUESTED _____

ACCOMMODATIONS REQUESTED:

Upon receiving the Authorized Accommodation Letter from Accessibility Services, I understand that I am responsible for ensuring each instructor receives a copy and making them aware of the accommodations for which I am eligible.

CURRENT IMPACT STATEMENT

Please indicate how your disability/condition impacts your academic functioning:

PERMISSIONS

If necessary, I permit Student Services staff to discuss the accommodation implementation and share educational information with appropriate RCC faculty/staff, Vocational Rehabilitation, Mental Health Providers, Medical Providers, or other agencies.

Student Signature

Date

Student ID

Phone

Office of Student Success

Date

Confidential

Accessibility Services provides information for educational planning. We appreciate the respect for the student's confidentiality and the understanding that state and federal laws prohibit releasing this information to any other person or agency or for use in any manner for any other purpose. Students with disabilities are eligible for appropriate services stipulated under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Accessibility Services has received all necessary documentation substantiating the student's academic accommodation needs.